1353918

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION**

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response 16.00

| SEC USE | ONLY |
|----------|--------|
| Prefix | Serial |
| DATE REC | EIVED |
| 1 | l l |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Coral #14 Joint Venture | |
|--|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing New Filing Amendment | ULOE |
| A. BASIC IDENTIFICATION DATA | PROCESSED |
| 1. Enter the information requested about the issuer Coral #14 Joint Venture | 2 cm 2 2 2006 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Coral #14 Joint Venture | THOMSON |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 182 W. Alexander Palm Road, Boca Raton, FL 33432 | Telephone Number (ALANGIA) Gode) 561-750-8008 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (If different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business drilling, owning, and operating a hydrocarbon well in Logan County, Oklahoma, and, if successful, the produc | tion of hydrocarbons therefrom |
| | lease specify): |
| Actual or Estimated Date of Incorporation or Organization: Month Year | FIL SC SC ST |
| GENERAL INSTRUCTIONS Federal: | |

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

| | TI | . 17 | ~ | M |
|-----|----|----------|----|---|
| · A | TI | N I | ΙU | N |

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer □ Director General and/or Managing Partner Beecroft, Dan Full Name (Last name first, if individual) 182 W. Alexander Palm Road, Boca Raton, FL 33432 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer Promoter General and/or Director Managing Partner Berman, Jon Full Name (Last name first, if individual) 182 W. Alexander Palm Road, Boca Raton, FL 33432 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Executive Officer General and/or Director Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

| | | | | | B. INF | ORMATIO | ON ABOU | T OFFER | ING | | | | |
|-----|---|-------------|----------------|--------------|--------------|---------------|-------------|-------------|--------------|-------|-------------------|--------------|-------------|
| 1. | Has the | issuer sold | d, or does th | he issuer ir | itend to se | ll, to non- | accredited | investors i | in this offe | ring? | | Yes 🏻 | No [] |
| | Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | 0 | J |
| 2. | What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit? | | | | | | | | | | \$ <u>55,25</u> 0 | 0.00 | |
| 3. | Does th | e offering | permit joint | ownership | of a sing | le unit? | ***** | | | | | Yes | No □ |
| 4. | Enter the information requested for each person who has been or will be paid or given, directly or indirectly, | | | | | | | | | | rectly, any | KY | LJ |
| | commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Ful | a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | |
| | T APPLIC | | | | | | | · | | · | | | |
| Bus | siness or | Residence | Address (N | umber and | Street, Cit | y, State, Z | ip Code) | | | | | | |
| Naı | ne of Ass | ociated Br | oker or Dea | ıler | | | | | | | | | |
| Sta | tes in Wh | ich Person | Listed Has | Solicited (| or Intends | to Solicit I | Purchasers | | | | | | |
| | | | " or check i | - | | | | | | | | A11 | States |
| | AL | AK | AZ | AR | CA | СО | СТ | DE | DC | FL | GA | HI | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | МО |
| | MT RI | NE SC | NV SD | NH TN | NJ TX | NM UT | NY | NC | ND | OH | OK | OR | PA |
| | KI | | [30] | 114 | | | VT | VA | WA | [WV] | WI | WY | PR |
| Ful | l Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| Bu. | siness or | Residence | Address (N | umber and | Street, Ci | ty, State, 2 | Zip Code) | | | | | | |
| Na | me of As | sociated Br | oker or Dea | aler | | , | | | | | | | |
| Sta | tes in Wh | nich Person | Listed Has | Solicited | or Intends | to Solicit I | Purchasers | | | | | | |
| 514 | | | " or check | | | | | | | | | | States |
| | AL | [AK] | AZ | AR | CA | CO | СТ | DE | DC | FL | GA | HI | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | МО |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | ОН | OK | OR | PA |
| | RI | SC J | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |
| Ful | ll Name (| Last name | first, if indi | vidual) | | | | | | | | | |
| Bu | siness or | Residence | Address (N | lumber and | l Street, Ci | ity, State, 2 | Zip Code) | | | | | | |
| Na | me of As | sociated Br | oker or Dea | aler | | | | | | | | . | |
| Sta | ites in WI | nich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | <u></u> | | |
| 5.0 | | | s" or check | | | | | | | | | ☐ AI | l States |
| | AL | AK | AZ | AR | CA | СО | CT | DE | DC | FL | GA | НП | ID |
| | IL | IN | IA | KS | KY | LA | ME | MD | MA | MI | MN | MS | МО |
| | MT | NE | NV | NH | NJ | NM | NY | NC | ND | OH | OK V | OR | PA |
| | RI | SC | SD | TN | TX | UT | VT | VA | WA | WV | WI | WY | PR |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|--------------------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt\$ | | \$ |
| | Equity | | |
| | Common Preferred | | \$ |
| | | | c |
| | Convertible Securities (including warrants) \$ | | \$ |
| | Partnership Interests | | |
| | Other (Specify) | | \$ |
| | Total | 1,381,250.00 | \$ 55,250.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | \$ |
| | Non-accredited Investors | | \$ 55,250.00 |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | |
| | Type of Offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | _ \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | | \$ |
| | Legal Fees | = | \$ |
| | Accounting Fees | | \$ |
| | Engineering Fees | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | _ | \$ |
| | Other Expenses (identify) organization, syndication, marketing | | \$ 183,000.00 |
| | Total | | \$ 183,000.00 |

| | C. OFFERING PRICE, NUMBER OF I | NVESTORS, EXPENSES AND USE OF P | ROCEEDS | |
|-----|--|---|--|-----------------------|
| | b. Enter the difference between the aggregate offering price and total expenses furnished in response to Part C—Question 4 proceeds to the issuer." | .a. This difference is the "adjusted gross | | \$ 1,198,250.00 |
| 5. | Indicate below the amount of the adjusted gross proceed to the each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the paymer proceeds to the issuer set forth in response to Part C — Que | is not known, furnish an estimate and ents listed must equal the adjusted gross | | |
| | | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | ······ ∑ | \$ 95,000.00 | |
| | Purchase of real estate | |] \$ | |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$ | <u> </u> |
| | Construction or leasing of plant buildings and facilities | |]\$ | |
| | Acquisition of other businesses (including the value of secu offering that may be used in exchange for the assets or secu issuer pursuant to a merger) | rities of another | ק | \\ \$ |
| | Repayment of indebtedness | | | s |
| | Working capital | |]\$ | □\$ |
| | Other (specify): turnkey drilling and testing contract | Σ | \$ 691,560.00 | \$ |
| | turnkey completion contract | | \$ 411,690.00 | \ \\$ |
| | Column Totals | | | |
| | Total Payments Listed (column totals added) | | \$_ 1 | 1,198,250.00 |
| | D. FEDE | RAL SIGNATURE | | |
| sig | ne issuer has duly caused this notice to be signed by the undersign gnature constitutes an undertaking by the issuer to furnish to the e information furnished by the issuer to any non-accredited in | U.S. Securities and Exchange Commiss | sion, upon writter | * |
| ss | Suer (Print or Type) Signatur | | Date | |
| | oral #14 Joint Venture | | | |
| Na | ame of Signer (Print or Type) Title of | Signer (Print or Type) | | |
| Da | an Beecroft President | First Liberty Energy, Inc., Managing Ventur | er | |

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | E. STATE SIGNATURE |
|---------|---|
| 1. | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule? |
| | See Appendix, Column 5, for state response. |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law. |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. |
| 4. | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |
| | uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned athorized person. |
| Issuer | (Print or Type) Date |
| Coral # | 14 Joint Venture |

Title (Print or Type)

President, First Liberty Energy, Inc., Managing Venturer

Instruction:

Name (Print or Type)

Dan Beecrift

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| | | | | APPI | ENDIX | Paris Sasar al | | | |
|-------|---|-------------|--|--------------------------------------|---------------------|--|--------------|--|--|
| 1 | Intend to sell to non-accredited investors in State (Part B-Item 1) | | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type o amount pi | f investor and urchased in State t C-Item 2) | | Disquali under Sta (if yes, explana waiver g | fication te ULOE attach attion of granted) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | | | | | | | | |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | | | | 1 | |
| CA | | | | | | | | | |
| со | | | | | | | | | |
| СТ | | | | | | | | | |
| DE | | | | | | | | | |
| DC | | | | | | | | | |
| FL | | | | | | | | | |
| GA | | | | | | | | | |
| HI | - | | | | | | | | |
| ID | | | | | | | | | |
| IL | | | | | | | | | |
| IN | | | | | | | | | |
| IA | | | | | | | | | |
| KS | | | | | | | | | |
| KY | | | | | | | | | |
| LA | | | | | | | | | |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | | | | | | | | |
| MI | | | | | | | | | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |

| <u> </u> | | | | APPE | NDIX | | | | | | |
|----------|--------------------|---|--|--------------------------------------|-----------|--|--------|--|--|--|--|
| 1 | Intend to non-a | 2 I to sell accredited as in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 investor and rchased in State C-Item 2) | | Disqual under Sta (if yes, explan waiver | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| МО | | | | | | | | | | | |
| МТ | | | | | | | | | | | |
| NE | | | | | | | | | | | |
| ΝV | | | | - | | | | | | | |
| NH | | | | | | | | | | | |
| NJ | | | | | | | | | | | |
| NM | · | | | | | | | | | | |
| NY | | | | | | | | | | | |
| NC | | | | | | | | | : | | |
| ND | | | | | | | | | | | |
| ОН | | | | | | | | | | | |
| OK | | | | | | | | | | | |
| OR | | | | | | | | | | | |
| PA | | | | | | | | | | | |
| RI | | | | | | | | | | | |
| SC | | | | | | | | | | | |
| SD | | | | | | | | | | | |
| TN | | | | | | | | | | | |
| TX | | | | | | | | | | | |
| UT | | | | | | | | | | | |
| VT | | | | | | | | | | | |
| VA | | | | | | | | | | | |
| WA | | | | | | | | | | | |
| WV | | | | | | | | | | | |
| WI | | | | | | | | | | | |

| | | | | APPE | NDIX | | 1 | | | | |
|-------|----------|---|--|--------------------------------------|--|--|--------|-----|---|--|--|
| 1 | | 2 | 3 | | 4 Type of investor and amount purchased in State (Part C-Item 2) | | | | 5 Disqualification | | |
| | to non-a | d to sell accredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | | | | | under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | | |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | | |
| WY | | | | | | | | | | | |
| PR | | | | | | | | | | | |